

PART B - FEE(S) TRANSMITTAL

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7590 08/30/2007
McDERMOTT WILL & EMERY LLP
600 13th Street, N.W.
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(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/811,138	03/29/2004	Sylvia Daunert	50229-421	8471
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TITLE OF INVENTION: AEQUORIN AND OBELIN MUTANTS WITH DIFFERING WAVELENGTHS AND BIOLUMINESCENCE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	YES	\$720	\$300	\$0	\$1020	11/30/2007
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EXAMINER	ART UNIT	CLASS-SUBCLASS	11/27/2007 SZEWDIE2 00000110 500417 10811138
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KOSSON, ROSANNE	1652	435-006000	01 FC:2501 720.00 DA
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page (page 1) (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. **McDERMOTT WILL & EMERY LLP**

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION **Lexington KENTUCKY**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies Two (2)

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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 500417 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Judith L. Toffenetti

Typed or printed name Judith L. Toffenetti

Date November 26, 2007

Registration No. 39,048

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